PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legible.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09900

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
Que Que	State County Caus
(If outside city of twen limits, write RURAL and give nearest town)	11.62.46.
Now long to above place of death?	(If outside city or town limits write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	(11 outside city of town ministerite RURAL and give nearest town)
	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	10/1/2010 110
Russell Com	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W S	
	20. DATE OF DEATH 10/20 1945 21/204 M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	
	19
7. Birth date of 4 1010	and that I last saw h affre on
deceased (mo., day, yr.) Sept 6, 17/7	Immediate cause of death OURATION
8. AGE: Years   Months   Days   It less than one day	Cesellal Hermania 1/2
26 26 10 - min.	
96 04 1	
9. Birthplace	Due to
9. Birthplace (Town, county, and state)	
10. Usuat occupation.	***************************************
	Oue to
11. Industry or business	
12. Name 12. Name 12. Name 13. Birtholace 111.	Other conditions
13. Birtholace und	O THE CONTRACT OF THE CONTRACT
ec 13. Ell'impire	(Include pregnancy within 8 months of desth)
14. Maiden name Illu (C. Drady	
200	Major findings of operations
15. 9irthplace 2014	
16. Informant & tiel W. armiger	Antopsy results
20 200	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Address (Raxley, 1800,	
1. Buriel net 22 45	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or remova). Which?)  Oate thereol. (month) (day) (year)	Accident, suicide, or homicide
X This is a standard of the st	Where did Injury occur?
Cemetery or crematory	Where did Injury occur?
Location Dunkirk Md	Injured at home, farm, indostry, public place (where?)
011 11 11 71	Means of injury injured at work?
18. Funeral director W At Hellchine	Injured at north
Address Ourness md.	LLC11/and
AUDICES CONTROL OF THE PROPERTY OF THE PROPERT	23. SIGNATURE
"Oct 20 "45 Frace & Witch:	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Acrus Ush signed

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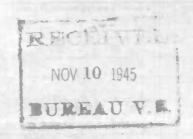
### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 93-0

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man.		401
A	Reg. Dist. No	5.2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
City or town Mexico Scedericio.	State Magusland County Calvers
(If outside city or town limits, write RURAL) and give nearest town)	Pity or town Seenderland
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital institution, or street address where death occurred	Street No.
June Welling Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME/	3. (b) Social Security Number
Thomas Heighe Bl	3. (0) Social Security Number
4. Sez 5. Color or race 6.(a) Single, mairfed, widowed, or divorced	MEDICAL CERTIFICATION
m. W married	20. DATE OF DEATH OCCOOL 20 19.45 21 /2:00 PM
6.(b) Name of husband or wife. All plants Penhana	21. I CERTIFY that death occurred on the date above stated: that f attended deceased from
6.(c) If alive, give ageyears	October 19 19 45, to 19
7. Birth date of	and that I last saw have alive on Other 19 19.85
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If tess than one day	Immediate cause of death County County DURATION
O. AGE: Tears working bays It less man one day	failure due to lygeriani
13 d  brsmin.	Cardinaria discon
9. Birthplace Maryland	
(Town county, and state)	The state of the s
10. Usuat occupation farmer	
	Due to
11. Industry or business	
E 12. Name	Other conditions
13. Birthpiace / Mdg.	8
14. Malden pame Christer Blake	(Include pregnancy within 8 months of death)
15. Birthplace	Major findings of operations.
≥ 1 15. Birthplace	Date of op
18. Informant Personal Blake	Antopsy results
Address Sunderland Md	PHYStCfAN: Please underline the cause to which death should be charged statistically.
a i I a tag it	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory All Dassilo Comelley	Where did injury occur?
Location Sunderland, md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director W. H. Hutchisis	Means of Injury Injured at work?
Address Owings, Md.	(Lage Stock
19. Det 20 (Date rec'd by registrar)  19. 45 Grace & Hutcher Registrar	23. SIGNATURE M. D. or other  Address Prince Frederick Date signed 10-20-48



### 2411 N. Charles St., Baltimore (1316)

CEPTIFICATE OF DEATH

F 5.	13	1	71	6)	
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CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
Martha Brown.	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION  2D. DATE OF DEATH
6.(b) Nama of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from  15
8. AGE: Years Months Days If less than one day	Immediate cause of death  DURATION  Due to Deliver of death  Due to Deliver of death
11. Industry or business    12. Name	Diher conditions
16. Interment Wilson Parrau	Major findings of operations.  Date of op.
Address  17. Care Date thereof. (Burlal, cremation, or removal, Which?)  Cemetery or crematory. Plans Parset.	PILYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
tocation Colvert  18. Funeral director B. E. Sewell  Address Ba, Frederick, Md.	Injured at home, farm, Industry, public place (where?)
19	Address Heruling town Pate signed 7 Det 4/2

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 17 1945

BUREAU V.S.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

PLEASE

# 1. PLACE OF DEATH:

CERTIFI	CATE	OF	DEATH

Rog. Diat. No....

City or town. MINE WARFARE TEST STATION, SOLOMONS, MD (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	State
3. (a) FULL NAME	3. (b) Social Security Number
FITZMAURICE, James Joseph	none
Male Scotor or race 6.(a)Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(b) Name of busband or wife not married  10-29-19	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1007 10-19-45 to 1115 10-19:245 and that I last saw him. alive on 10-19-45 to 19
8. AGE: Years Months Days If less than one day 25 11 20	Pending Autopsy findings: Josic emcetha- locathy, sampatilla with barditurate foisoning Remail  Due to Unknown frasent in the anxie Frains  Due to Midneys: Interstitial edemois Cereta  Diher conditions  (Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant  Address  17. Division of removal, Which?)  Cemetery or crematory  Location  18. Funeral director of Philippe Survey Surv	Autopsy results. Naval Hospital Bethesday Md.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: Il death was due to external causes, lill in the lollowing;  Accident, suicide, or homicide. Bate of Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury Injured at work?  23. SIGNATURE J. T. SMITH Lieut. Comdr. (MC) US)  By direction B. G. CLARKE, Lieut (MC) US)  Address. USN. Mine Warfare Tost Stocking 10-19-45  SGOMONS. MD



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

# CERTIFICATE OF DEATH

	Dist		1
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	Reg. Diac. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Table	State Md County Calvert
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death ocourred:	
	Street No. (If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
Roberla S. Freeland	3. (b) Social Security Number
4. Sex 5. Color or race b.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
C C Single	3
P C C	20. DATE DE DEATH. 10-17, 1945 at 5, 9 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1 Left 1945, 10 1 7 Det 1965
The state of the s	and that I last saw h & a. alive on 16 Oct 19 95
deceased (mo., day, yr.) and 19, 1888	Immediate cause of death.
8. AGE: Years   Months   Days   It less than one day	Oer best pari lest
57min.	the state of the s
mid	Helperter
9. Birthplace (Town, county, and state)	Due to. The first the second s
10. Usuat occupation. Domestic	
	Due ta delle Secondo
11. industry or business	
12. Name William Freeland 13. Birthplace Md	Dther conditions
14. Malden name Olice Reid 15. Birthplace md	(include pregnancy within 8 months of death)
T. Walden name	Major findings of operations
El 15. Birthplace	
16. Informant Eduth Berry	Autopsy results
Address House, mid.	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
1202 1 1101	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Date thereof (Do-20-4 5 (Burial, cremation, or removal Which?)	Accident, suicide, or homicide
Plan Cant	
Cemetery or crematory.	Where did injury occur?
Location Calvert,	Injured at home, farm, industry, public place (where?)
18. Funeral director PE. Sewell.	Means of Injury Injured at work?
Address Prince Frederick.	Wigner on mil
10 10 110 0-1 10.	23. SIGNATURE M. D. or other
19. (Date ree'd by registrar)  (Date ree'd by registrar)	Adding Helenting 1100 Dy3



WHH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore 93d

# 09905

				1	1
p .	Reg.	Diat.	No.	9	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State md County Calcel
	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Troughtun, the traction and traction where destine strongers	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Johnson H Samer.	
4. Sex 5. Color or ruce 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. C. X	30
	20, DATE OF DEATH 10 - 27 - 19 45 , at 4. P.
6.(b) Name of husband or wife	2f. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	19 , 10 Oct 27 19 45
7 Right data at	and that I last saw halive on
deceased (mo., day, yr.) Oct 8, 1854	Immediate cause of death DURATION
8. AGE: Years   Months   Days   If less than one day	Alanat In Ver-
91hrsmin.	
8. Birthplace and	
9. Birthplace	Due to
10. Usual occupation. Laborer.	1 dypertension C. V. L.
	Due to
1f. Industry or business	
12. Name — — — — — — — — — — — — — — — — — — —	Other conditions
₹ 13. 8irthplace md	
14. Maiden name mary Burns'.	(Include pregnancy within 3 months of death)
	Major findings of operations
15. Birthplace md	Date of op.
16. Informant John Jarnes	Autopsy results.
Address placelled mid	PHYStCIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Date thereof (month) (day) (year)	Accident, suicide, or homicide
S. A. S. A. A.	
Cemetery or crematory	Where did injury occur?
Location Calvert	Injured at home, farm, Industry, public place (where?)
18. Funeral director P E. Sewell.	Means of Injury Injured at work?
0 6 1 1	
Address truce trederick, my	22 CICHATHOE TUplety de Villareal +
Get 29 - US NU Gambro	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Truck fredunch Date signed 10/29/41

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3/	-a)
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FLU	No.G	9	8	OCT	26	1945
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4	Reg.	Dist.	No.	4
				*****************

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants givo residence of mother)  State County  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, givo LOCATION)  2.(a) If veteran, name war.		
3.(a) FULL NAME Ida S. Gray.	3. (b) Social Security Number		
4. Sex   5. Color or race   5.(a)Single, married, widowed, or divorced   5. Color or race   5.(b) Name of husband or wife	MEDICAL: CERTIFICATION  20. DATE OF DEATH		
7. Birih date of deceased (mo., day, yr.) Ford. Lace 29, 1864.	and that I last aaw h aliva on 19.		
8. AGE: Years   Months   Days   It less than one day   9 6	Immediate cause of death		
8. Sirthplace (Town, county, and state)	Due to. West nephrtis		
11. Industry or business	Due to Regino - Silvoi		
13. Birthplace	(Include pregnancy within 8 months of death)		
15. Birthplace md	Major findings of operations.  Date of op.		
18. Interment Elgabeth Brother: Address 2511 Mc Colloch St. Bally	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. But al Date thereot (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide		
Cometery or crematory Island Creek, Mid	Where did injury occur?		
18. Funeral director. P.L. S. pavell.	Means of Injury Injured at work?		
19. (Dato rec'd by registrar)  Addresa  Prense Frederick, Mf.  (Dato rec'd by registrar)  Registrar	23. SIGNATURE Chile Place M. D. or other  Address Prince Frider C Bate signed 70/4/40		

BUREAU V.S.

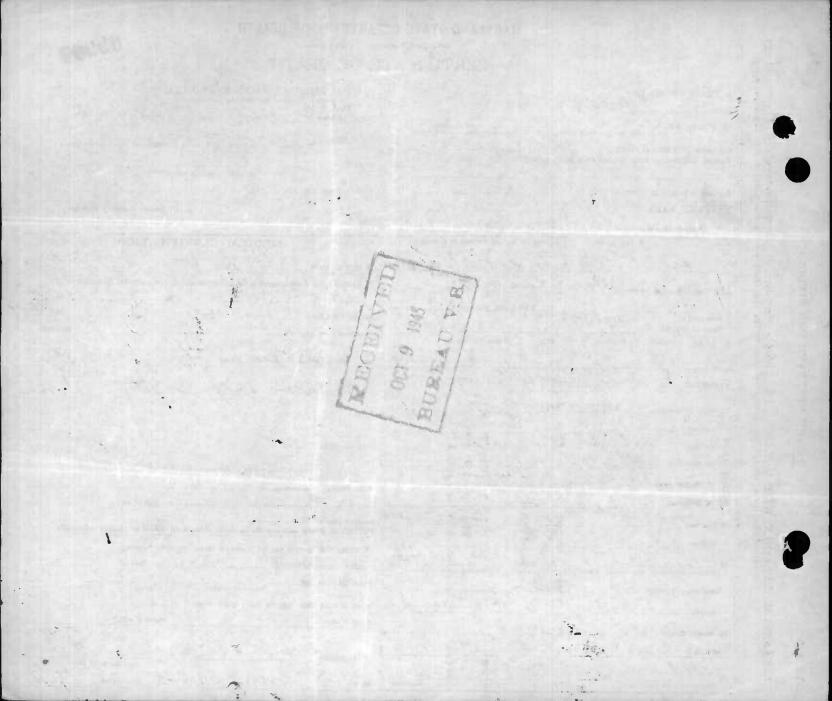
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### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore (3-1) CERTIFICATE OF DEATH

Reg. Diat. No. 3407 .

1. PLACE OF DEATH: A LIVER X	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of mo	DECEASED:
County	men-land	( a line. V
City or town	1-6.0.	~ )
How tong in above place of death?	City or town (If outside city or town limits,)	write RURAL and give nearest town)
Hospitat, Institution, or street address where death occurred:	Street No.	
	(If rural, give Lo	
How long in hospital or institution?	2.(a) 1f veteran, name war	
3. (a) FULL NAME		3. (b) Social Security Number
Sydney Johnson Dro		9
4. Sex 5. Color of face 6.(a) Single, married, widowed, or divorced	MEDICAL CER	RTIFICATION
Jemsle Olick Married	2D. DATE DE DEATH OCLOSON	1- 195 at 57. M
John Grand Grand	21. I CERTIFY that death occurred on the date above	stated; that J attended deceased from
6.(b) Name of husband or wife AMM Teams	10113 -	to dug - 3/
7, Birth date of 1967	and that I last saw h er alive on acces	3/3/-
deceased (mo., day, yr.)	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day		
78nin.	arterioscleroses -	- 590
9. Birthplace Justy, Calica County-mas.	Due to	
(Town, county, and state)	Cordine Degen	esselon 6 moo.
10. Usual occupation	Due to	
t1. Industry or business		
12. Name John Johnson	Dther conditions	
\$ 13. Birthplace mameand		
El Orine Bishop	(Include pregnancy within 3 mo	
15. Birthplace Maryland	Meljor fiedings of operations	
E 15. Birthglace		Date of op
18. Informant All The Assertance Constitution of the Constitution	Actopsy results	A doub should be charged statistically
Address excesso, saca. The		
17 Burial Dale thereof OCK, 3-45	22. VIOLENCE: If death was due to external cause	
(Barial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did Injury occur?(City or town)	(County) (State)
Location Listers moragland	Injured at home, farm, industry, public place (whe	re?)
D 6 .000	Means of Injury	Injured at work?
18. Funeral director	F 0 G	2-12 2 200
Address Frunce Frederics, ma	23. SIGNATURE	521LV-11-2
19/1/45 19 D.E.S. Cotter	88- 0-	M. D. or other
(Date rec'd by registrar) Registrar	Address Tomoro	Date signed

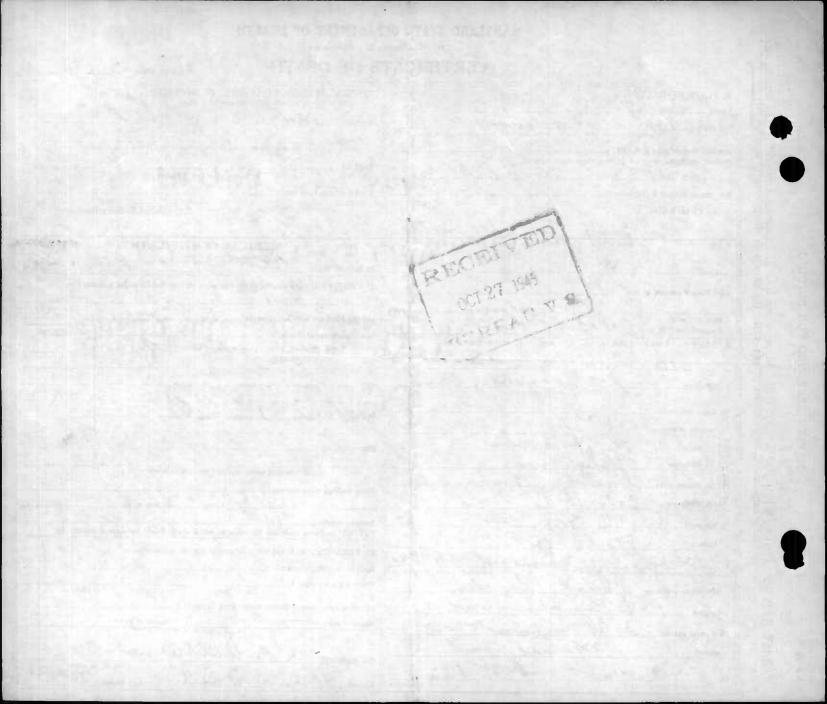


### MARYLAND STATE DEPARTMENT OF HEALTH

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2411 N. Charles St., Baltimore (157.7m)			
CERTIFICATE OF DEATH	Reg. Dist. No. 51		
2. USUAL RESIDENCE (HON	ME) OF DECEASED:		

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county affect Frederick	State Med County Calvert
(If outside city or town limits, write RURAL and give nearest town)	City or town
low long in above place of death?	Street No.
Calout Country Haspelas	(If rural, give LOCATION)
few long in hospitat or institution?	2.(a) It veteran, name war
Baby Diel Hamilton	3. (b) Social Security Number
Sex 5. Color or ract 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 W 3	20. DATE OF DEATH OCT. ZJ 19 Jaf J. SZ M
3.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decoased from
B.(c) If alive, give ageyears	19
deceased (mo., day, yr.) QCA. 25, 6945	and that I last saw h 4 alivo on 7 2 7 19
B. AGE: Years   Months   Days   It less than one day	Immediate cause of death OURATION
0 0 0 3 hrs. 15 min.	
9. Birthplace Calvert to Workstel (Town, county, agii state)	Due to
10. Usual occupation	Due to
11. Industry or business	
12. Name M. Hamelon  13. Birthplaco Oklahome	Other conditions
14. Majden name Clis abeth Buckmarter	(Include pregnancy within 3 months of death)
15. Birthplace Calrect Co. mal	Major findings of operations
16. Intermant my. W. Isamilton	Autopsy results.
Address north Beach	PHYStCIAN: Please underline the cause te which death shenfd be charged statistically.
Berief Dato thereof Oct. 25, 1945	22. VIOLENCE: tf death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?) (month) (day) (year)	Accidenf, suicide, or homicide
Cemetery or erematery threat three	Where did injury occur?
Location Port Republic, me	Injured af home, farm, Industry, public place (where?)
18. Funeral director Q. Q. Tackress Y Even	Means of Injury Injured at work?
Address Mulual, mel	23. SIGNATURE Lde O ellarnol
19. (Dute ree'd by registrar) 18.44	Address Frince Duel. Date signed Och 20/14
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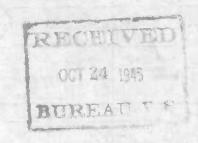
### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore (83-6) CERTIFICATE OF DEATH

09909

Reg. Dist. No ...

I. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME Rachel A Hicks	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  2D. DATE DF DEATH. October 19 45 at 1 M  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 0 ct. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9. Birthplace Trid  (Town, county, and state)  10. Usual occupation Dorrestic  11. industry or business Housewife  12. Name John Gordy  13. Birthplace Md  14. Maiden name Louise Gaut  15. Birthplace Md  16. Birthplace Md	Bue to
Address France Frederick  17. Bural Date thereof (month) (day) (year)  Cemetery or crematory Palenta Location Control of the c	Autopsy results.  PHYSICIAN: Please underline the cause tu which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury
Address Prince Frederick  19	23. SIGNATURE M. D. or other Address. Printer Leaving Bate signed Oct 1945



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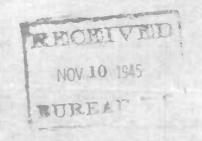
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### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 97

09910

	Reg. Dist. No.
City or town. (If outside city or town limits, write RURAL and give nearest town)  How loog in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newhorn infants give residence of mother)  State
Hospital, institution, or street address where death occurred:	Streef No(If rural, give LOCATION)
How long in hospitat or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Joseph William	3. (b) Social Security Number
4. Sex 5. Color or rape 6.(a) Single, married, wistowed, or divorced	MEDICAL CERTIFICATION  20, DATE OF DEATH OF 2 1945 at 820 P M
8.(b) Name of husband or wife Cocae Mr. Harry	27.7 CERTIFY that death occurred on the date above stated; that Latiented deceased from
7. Birth date of deceased (mo., day, yr.)  1868	and that I last saw h
8. AGE: Years Months Days If less than one dayhrsmin.	Immediate cause of death  DURATION  5 7
S. Sirthplace	Due to
10. Usual occupation Tarmer	Due to
11. Industry or business	
12. Name Thomas Ning	(Include pregnancy within 3 months of death)
14. Malden name	(Include pregnancy within 8 months of death)  Major findings of operations.
18. Informant Lascrence / ging	Antopsy results.
Address Lothian Ind.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial, eremstion, or removal, Which?)  Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location W To The	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
Address	Honried
19. Oct. 29 19 45 Sedee Herteke (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Date signed ( ) 27/y)



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

69911

d give nearest town)

d he charged statistically.

Date signed ......

DURATION

FUN A. G 98 OCT 23 1945 CERTIFICAT	TE OF DEATH Reg. Diat. No. 51
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME William Machall	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(b) Rame of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from  19. 5., to  and that I last saw h. Malive on  Immediate cause of death.  DU
9. Sirthplace (Town, county, and state)  10. Usual occupation for the state occupation o	Due to
14. Maiden oame Marthu Cook.  15. Birthplace Mg  18. Informant Explanation Mashall  Address Change Wille md	(Include pregnancy within 3 months of death)  Major findings of operations
(Burial, cremation, or removal, Which?)  Cemetery or crematory.  Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director C. E. Sevell  Address Pa. Frederick md  19. (Date red d by registrar)  (Date red d by registrar)	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  23. SIGNATURE  M. D. or other
(Date red'd by registrar) Registrar	Address Date signed A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

OCT 17 1945 BUREAU V.S.

## 09912

### CERTIFICATE OF DEATH

as Dies No. 57

/F		Reg. Diat. No.
The corregibly.	1. PLACE OF DEATH: Coleget	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
	City or town (If outside city or town limits, write RURAL and give nearest town)	State M. d. County Calcul Md.
carefully.	How long in ebove place of death?	(If outside city or town limited write RURAL and give neurent town)  Street No
	How long In hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war
formation death ele	3. (a) FULL NAME. Elizabeth 2hac	her. 3. (b) Social Security Number
of infoses of	4. Sex 5. Color or race 6.(a) Single, married, hidowod, or diverced	MEDICAL CERTIFICATION.
	T W	2D. DATE OF DEATH 5- Oct. 1945 at 2 p. M
	B.(b) Name of husband or wife Landon Machen.	21. I CERTIFY that death occurred on the date above stated; that I ettended doceased from .  2 21. I CERTIFY that death occurred on the date above stated; that I ettended doceased from .  19. 45. to
ly every if write the	7. Birth date ot descend (me day yr) 4, 190 8	and that I last saw h. alive on O
ply	deceased (mo., day, yr.)  8. AGE: Yoars   Months   Days   It less than one day	Immediate cause of death
Supply lease wr	37hrsmin.	La ferra of regrand
. 0.	9. Birthplace	Due to.
INK.	(Town, county, and state)	
ING 7sici	10. Usual occupation.	Due to.
FADING INK. Physicians: 1	E 12. Rame James Bartler	Dther conditions
VITH UNF	13. Birthplace	(Include pregnancy within 3 months of death)
WITH	14. Maiden name ary Jamles -	Major fludings of operations
1	El 15. Birthplaco	Date of op
Specially,	16. Informant of an all are the area of th	Autopsy results
PLAINLY is especiall	Addross Auction Oct 6 1946	22. VIOLENCE: It doath was due to external causes, till in the tollowing;
PL/is es	(Burial, cremation, or remove). Which?)  But thereot (mouth) (day) (year)	Accident, suicide, or homicide
	Cemetery or crameters & sally Hrand	Where did injury occur?
WRITE	Location Manday Thanks	Injured at home, farm, Industry, public place (where?)
1 1	18. Funoral director Qt. a. Yackness & Jan	Means of Injury Injured at work?
SASE	Address Muhal, may	22 SIGNATHOE HUESMOND
PLE	19. 19. 10 /v 19. 4+ - 1. /Cing (Date rec'd by registrar)	Address Thurling lower Date signed 5 Oct 45

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RECEIVED

OCT 17 1945

BUREAU V S ;